



X-Plain™

Preparing For Surgery

Reference Summary

More than 25 million surgical procedures are performed each year in the US.

This patient education lesson will help you prepare for surgery. By understanding the different steps, you can help your healthcare providers ensure a successful operation and a fast recovery.



A planned surgery involves 4 distinct steps.

1. Surgical consultation
2. Pre-surgical visit
3. Day of surgery
4. Patient discharge

During the surgical consultation, the patient meets with his or her surgeon to discuss the surgical treatment options and discuss the benefits and risks of surgery. This program is designed for patients who have already been scheduled for surgery.

The purpose of the pre-surgical visit is to check the medical condition of the patient and to plan for anesthesia. This program discusses what happens dur-

ing the pre-surgical examination and the medical questions you may be asked.

On the day of surgery, the patient checks in before going to the operating room. After the operation, the patient is monitored in the post-anesthesia care unit. This program also describes the surgical process and prepares you for the experience.

After having surgery, the patient either stays at the hospital or goes home. When patients go home, they are given instructions. This program reviews some of the information discussed during discharge instructions.

Waiting For Surgery

After you have made the decision to have surgery, there may be a waiting period of as little as one day or as long as several weeks. On the following pages are some preparation tips you might use to prepare for surgery while you are waiting.

Find out from your doctor whether you are going to be an outpatient or an inpatient. "Outpatient" means that you go home the same day that the surgery is performed. "Inpatient" means that you stay in the hospital after the surgery for one or more days.

Your surgeon will tell you the dates of your admission and surgery. If you have family members to take care of, make arrangements for someone else to care for them while you are in the hospital.

Sometimes it is not possible to know the exact time of the surgery until the business day before the actual date. If this is the case, you will need to find

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out when you will be notified of the time of surgery. Ask your doctor if you should change the schedule and dosage of any medications you may be taking.

If you are a smoker, it is best to stop smoking before surgery. This helps ensure a faster recovery. For this to be really helpful, you should stop smoking 2 weeks before the date of surgery.

Your doctor will tell you if there is a risk of a large blood loss during surgery; sometimes this can require a blood transfusion. If you are healthy and your operation is more than 4 weeks away, you might have an opportunity to store some of your own blood. This is known as an “autologous” blood transfusion.

Pre-surgical Visit

The pre-surgical visit is usually the day before surgery. During the pre-surgical visit, an anesthesia specialist examines you and reviews your medical history to determine what type of anesthesia is safe for you. He or she will do a physical exam and ask you questions regarding your health. Blood and urine tests, as well as a heart tracing called EKG, may be needed.

It is important to let your doctor and healthcare provider know if you have had blood or urine test or EKGs in the last 6 months; this might eliminate the need for more tests to be done. If you have had any of these tests, you should either send the results to your doctor ahead of time or take them with you to the pre-surgical visit.



If you do not have the test results, you may be able to ask the doctor that has them to forward them to your current doctor before your pre-surgical visit.

Be prepared to answer a lot of questions. On the following pages are some examples of questions you might be asked.

What prescription medications are you taking? Are you taking any non-prescription medications?

Do you have any allergies to drug or food groups? If yes, what are you allergic to?

Are you allergic to latex? Latex is a substance found in many hospital and surgical accessories. It is possible for your doctors and nurses to avoid exposing you to latex if you have a latex allergy.

Have you had anesthesia before? If so, were you allergic to any anesthetic drug? Do you know if any blood-relative of yours has had problems with anesthesia?

You should tell your anesthesiologist about any medical problems that you may have such as heart, lung, or kidney problems; strokes; or liver damage.

Previous blood transfusions, diabetes, high blood pressure, jaundice, depression, and other psychiatric disorders should also be reported to your anesthesiologist.

It is also important to tell your doctor whether you have snoring problems, and whether you have any loose teeth or dental work, such as bridges or crowns.

Medications you may be taking could interact with anesthesia or could cause excessive bleeding during surgery. Therefore, it is very important to tell your anesthesiologist and surgeon about any medications you may be taking, even over-the-counter medications, such as aspirin, Advil® (ibuprofen), or herbal supplements.

Your doctor may ask you to change the schedule and dosage of your medications before the surgery.

You should also inform your doctor and healthcare provider if you drink alcohol on a daily basis. Some precautions may need to be taken to prevent

you from suffering from alcohol withdrawal after the surgery.

Based on your answers, the anesthesiologist and surgeon will determine the best anesthetic for you. Anesthesia is the combination of medications used to keep the patient comfortable.

There are three general types of anesthesia:

1. general anesthesia,
2. regional anesthesia, and
3. local anesthesia.

General anesthesia causes the patient to go to sleep and not feel pain. General anesthesia is either given through a mask or an injection.

Regional anesthesia is used when a whole region of the body, such as an arm or leg, needs to be numbed, or anesthetized. Examples of regional anesthesia include spinal anesthesia, epidural anesthesia and nerve blocks.

Local anesthesia is used for numbing specific limited regions of the body such as a skin area. You may have already experienced a local anesthetic if your dentist has ever numbed the nerves of one or more of your teeth.

Due to advances in technology and medication, anesthesia is extremely safe. However, there are some possible risks and complications. YOU can do a lot to prevent them by telling your doctor about your allergies, medications, and diseases.

The risks depend on the type of anesthesia you will have and on your current medical condition. Your doctor will discuss these risks with you.

Most patients are admitted to the hospital on the day of surgery. However, in some cases the patient may need to be admitted the day before.

The following sections discuss what you may need to do or not do at home before the operation. Your

surgeon or anesthesiologist may give you more specific instructions.

The Night Before Surgery

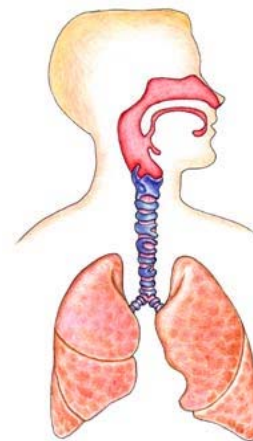
To avoid complications during and after your surgery, you must limit what you eat and drink. This is done, because during surgery, it is possible for the food in your stomach to be vomited and inhaled into the lungs. **DO NOT** eat, drink, chew, or suck on any food after midnight before your surgery. This includes gum, mints, and candy.

Ask your healthcare provider about drinking clear liquids up to 2 hours before your surgery. In many cases, adult patients are allowed to drink a total of 1 cup (or 8 ounces) of clear liquids up to 2 hours before the

scheduled surgery time. Clear liquids allowed are water, black coffee with no cream, clear tea, or apple juice.

If you are diabetic ask your doctor when you should eat last.

At your anesthesia visit, you will be told which medications you should take the morning of surgery. They can be swallowed with a few sips of water right when you wake.



If you are a smoker, it is best for you to stop smoking before surgery. If you cannot stop smoking, you should at least cut down how much you smoke and stop smoking after midnight the night before

surgery. You should not drink any alcoholic beverages within 24 hours of the surgery.

Your doctor may also ask you to shower and scrub the planned incision area with a special disinfecting soap.

Day Of Surgery

On the day of surgery, you will be admitted to the surgical area and an identity bracelet will be placed around your wrist.

It is best to wear simple loose-fitting clothes that will easily fit over a bandage. It is also best to leave jewelry and other valuables at home. All facial makeup and nail polish must be removed.

A healthcare provider will review your medical history and perform a brief physical exam. Be prepared to answer questions regarding any medications you are taking. Be sure to tell the nurse or doctor about anything you ate or drank after the time you were told to stop eating or drinking.

To have surgery, you need to sign a consent form. Signing the consent form indicates that you know what the surgery is for, understand what the benefits and risks are, and allow the doctors and other hospital staff to proceed with the surgery.

During Surgery

You will be given a gown to wear. You will then meet your anesthesiologist who will recheck your medical history and test results. He or she will be in charge of your anesthesia care throughout the surgery. Your anesthesiologist may then give you a sedative to relax you before going to surgery.

Though you may still be able to walk, you might be taken to surgery in a wheelchair or on a bed, also called a gurney. This ensures safer transportation.

You may be taken to a surgery waiting area called "holding area" before going to the operating room. Depending on the hospital policy, 1 or 2 of your family or friends may be allowed to come with you into the holding area.

If the patient is a child, a parent may be allowed in the surgery holding area or the operating room, if the anesthesiologist decides this is best for the child.

In the surgery holding area, you may see other patients and a lot of activity. If your hair needs to be shaved, it may be shaved there.

From the surgery holding area, you will then be moved to the operating room, also known as the OR.

If anesthesia has not already been started in the holding area, it will be started in the operating room.

In cases of general anesthesia, you will go to sleep and a tube may be placed in your throat to help you continue breathing.

In cases of regional or local anesthesia, you will be given some medication through an IV to relax you. The anesthesiologist will then inject the actual numbing medication into the appropriate area. It will numb you and make it so that you do not feel the surgery.

You will be closely monitored in the operating room. Your anesthesiologist or nurse anesthetist will continually monitor the oxygen level in your blood, pulse, blood pressure, and respiration. They will give you any medications, fluids, or blood that you need.

Some of the equipment used to monitor your vital signs include:

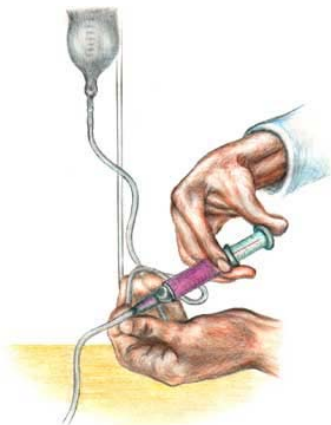
A blood pressure cuff to monitor your blood pressure.

A finger clip or sticky pad to measure your blood oxygen level.

EKG patches on your chest to monitor your heart.

An oxygen mask will be used to give you extra oxygen.

An intravenous line, or IV line, is used to give you any medication you need.



Immediately After Surgery

Right after your surgery you will go to the recovery room, which is also called the Post-Anesthesia Care Unit, or PACU for short. This is where trained nurses will monitor you as the anesthesia wears off.

While you are in the PACU, your surgeon will meet with your family and friends to inform them about your condition and to answer any questions they may have.

The PACU nurse will administer medication to reduce any pain you may have as a result of the surgical procedure. Do not be afraid to ask for more pain medication.

When the PACU nurse is satisfied that your condition is stable and pain has been treated appropriately, you will be discharged from the PACU to go home if you are an outpatient. Otherwise, you will go to your hospital room if you are to remain in the hospital.

Most patients usually spend 1 to 2 hours in the PACU. Depending on the type of surgery and your medical condition, the amount of time you spend in the PACU could be longer.

Patients going home after surgery should not drive, operate complex equipment, make important legal decisions, or drink alcohol for 24 hours.

Discharge Instructions

If you are an outpatient, you will be discharged home on the day of surgery. If you are an inpatient, you will be discharged home after recovering at least 1 night in the hospital.

Patients can do a lot to help speed up their recovery. The following are some general suggestions. Your doctors and nurses will give you more specific instructions. These are called discharge instructions.

Walk as soon as you can. Walking circulates the blood in your system and reduces the formation of blood clots, which could be fatal. You will have help when you take your first walking steps after surgery.

Follow your dietary instructions. You will be given instructions regarding what you can eat, and how you can slowly progress from drinking liquid food to eating solid food. Follow these instructions until your digestive system fully recovers from the effects of the surgery and anesthesia.

Manage your pain. In the hospital, ask your nurse for pain medication if you feel pain. When you go home, do not double up or increase the dosage of your medication without asking your doctor.

Do not smoke. Smoking may increase your chance of developing lung infections known as pneumonia. Smoking also hinders blood flow and can slow healing.

Depending on the type of surgery and anesthesia you are given, your doctor may give you additional instructions. Do not be afraid to ask any questions related to your health and recovery!

Here is a list of 10 common questions you should ask your doctor and healthcare provider before you go home:

What medications should I take and when?

What are the signs of infections and other common complications?

What should I eat?

What will happen to my stitches and staples?

When will I see the doctor again?

When can I drive my car?

When can I go back to work?

When and how can I shower?

How much weight can I lift? Can I bend?

When can I make love again?

Summary

Thanks to technological advances, surgical procedures are now much safer and less painful. Recovery from surgery is also faster due to new anesthetics and less invasive surgical techniques.

The patient plays an important role in ensuring the success of surgery. We have made this program available to you to help you understand the surgical process, and prepare you for how you can play an active role in your treatment and recovery.

Your doctor and nurse are available to answer any questions you may have about your scheduled surgery.